P12000059846

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
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Amend 10 7.8.13

COVER LETTER

Division of Corporations NAME OF CORPORATION: Advance Automated DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Robert B Harkness Advance Atombel systems
Firm/ Company Address City/ State and Zip Code address: (to be used for future annual report notification) For further information concerning this matter, please call: Brennan Harkness Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy

enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(Additional Copy is enclosed)



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 18, 2013.

ROBERT B. HARKNESS ADVANCED AUTOMATED SYSTEMS INC. 603 KRISS LANE JUPITER, FL 33458

SUBJECT: ADVANCE AUTOMATED SYSTEMS INC.

Ref. Number: P12000059846

We have received your document for ADVANCE AUTOMATED SYSTEMS INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the document in its entirety.

The current name of the entity is as referenced above. Please correct your document accordingly.

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must have original signatures.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II ct your

Letter Number: 413A00015327



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 29, 2013

ROBERT B. HARKNESS ADVANCE AUTOMATED SYSTEMS INC. 603 KRISS LANE JUPITER, FL 33458

SUBJECT: ADVANCE AUTOMATED SYSTEMS INC.

Ref. Number: P12000059846

We have received your document for ADVANCE AUTOMATED SYSTEMS INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If it's your intention to change the corporate address, please submit the enclosed amendment to make such change.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 213A00013426

RECLIVED
13 JUN 18 PM 2: 20
NATIONAL STANSS

Articles of Amendment

Articles of Incorporation

Articles of Ai	me-dment	73
Articles of Inc of	orporation	14/20
Ada - A \) - O - S - \		We.
(Name of Corporation as currently filed with the F	lorida Dent. of State)	
P1200050	7 X (/ /	
(Document Number of Corporation (il	f known)	
,	·	
suant to the provisions of section 607.1006. Florida Statutes, this a Articles of Incorporation:	Florida Profit Corporation adopts the follow	ing amendment(s) to
If amending name, enter the new name of the corporation:		
		The new
me must be distinguishable and contain the word "corporation" "orp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "cord "chartered," "professional association," or the abbreviation ".	Co". A professional corporation name mus	
Enter new principal office address, if applicable:	603 Kriss Lane	
rincipal office address <u>MUST BE A STREET ADDRESS</u>)	Jupiter FL 33455	
	<u> </u>	
		_
Enter new mailing address, if applicable:	t an in a	
(Mailing address MAY BE A POST OFFICE BOX)	603 Kriss Lane	
	the second of the second	
in the second	300/16c +C 33/30	
सं । १५८ - ४ -	Jupiler FC 33/58	
	•	- -
If amending the registered agent and/or registered office addr	ess in Florida, enter the name of the	_
If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	ess in Florida, enter the name of the	_
If amending the registered agent and/or registered office addr	ess in Florida, enter the name of the	_
If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address: Name of New Registered Agent	ress in Florida, enter the name of the	_
If amending the registered agent and/or registered office address: Name of New Registered Agent COS hriss La (Florida streen)	ress in Florida, enter the name of the	
If amending the registered agent and/or registered office address: Name of New Registered Agent COS hriss La (Florida streen)	ress in Florida, enter the name of the	_
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If amending the registered agent and/or registered office address: Name of New Registered Agent (CO3 hriss La (Florida streen)	ress in Florida, enter the name of the	
If amending the registered agent and/or registered office address: Name of New Registered Agent COS hriss Legistered Office Address: New Registered Office Address: Sepide City)	ess in Florida, enter the name of the Conceed address) Florida 33/58 (Zip Code)	
If amending the registered agent and/or registered office address: Name of New Registered Agent COS hriss La (Florida streen)	ess in Florida, enter the name of the Conceet address) Florida 33/58 (Zip Code)	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

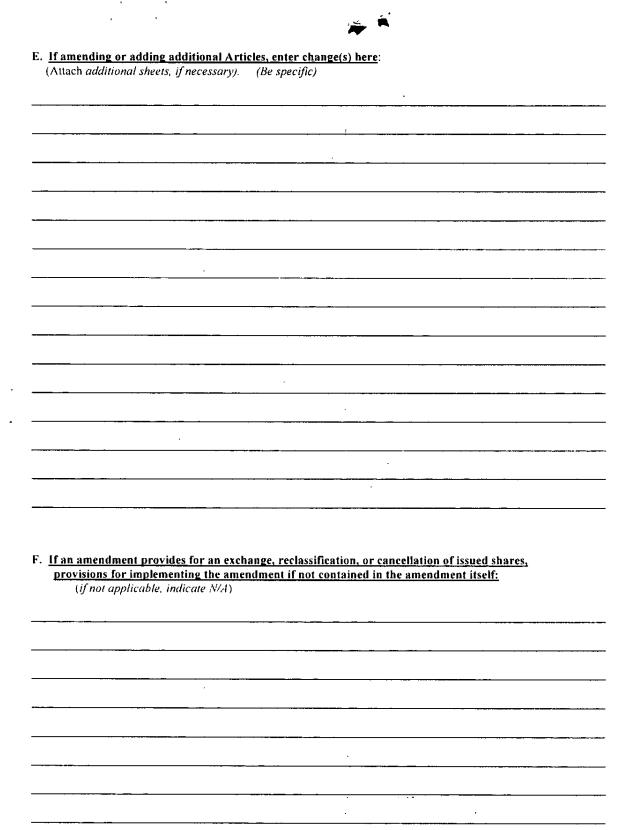
(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>		Address
1) Change				
Add				
Remove			r.	
2) Change				
Add				
Remove				
3) Change				
Add			- i	
Remove				
4) Change				
Add				- LAPER-L
Remove				
5) Change			•	
Add			•	
Remove				
6) Change				
Remove				



Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
Dated 6-2	7-13
Signature(By a di	irector, president or other officer – if directors or officers have not been
selected	d. by an incorporator – if in the hands of a receiver, trustee, or other court
appoint	ted fiduciary by that fiduciary)
	Robert Brennan Harhness
	(Typed or printed name of person signing)
	Procedent